

DMV USE ONLY	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> LOST/STOLEN	PERMIT NUMBER(S)	PLATE NUMBER	EXPIRES	MONTH	YEAR
	<input type="checkbox"/> REPLACEMENT						

**RENEWALS ADDITIONAL
AND REPLACEMENTS**
B-225A NEW 6-2005

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
HANDICAPPED UNIT
60 STATE STREET, WETHERSFIELD, CT 06161-5056
On The Web At ct.gov/dmv



It is not necessary to have a physician complete or sign this form

<input type="checkbox"/> RENEWAL	<input type="checkbox"/> ADDITIONAL	<input type="checkbox"/> REPLACEMENT
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IDENTIFICATION OF APPLICANT	APPLICANT IS <i>(Check One)</i> <input type="checkbox"/> PERSON WHO IS DISABLED <input type="checkbox"/> PERSON WHO IS BLIND <input type="checkbox"/> PARENT/GUARDIAN OF PERSON WHO IS DISABLED OR BLIND		
	PERSON WHO IS BLIND OR DISABLED <i>(Last, First, Middle Initial)</i>		DATE OF BIRTH <i>(Required)</i>
			DAYTIME TELEPHONE NO.
	NAME OF PARENT OR GUARDIAN OF BLIND OR DISABLED PERSON, IF APPLICABLE		
	ADDRESS <i>(No. and Street)</i> <i>(City or Town)</i> <i>(State)</i> <i>(Zip Code)</i>		
APPLICANT'S SIGNATURE	MAILING ADDRESS <i>(No. and Street)</i> <i>(City or Town)</i> <i>(State)</i> <i>(Zip Code)</i>		
	I, the person who is blind or disabled or the parent or guardian of such person do hereby declare, under penalty of false statement, that the visual acuity or the ability to walk of the above named person is seriously impaired as specified.		
	SIGNATURE OF APPLICANT		DATE SIGNED
	X		